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RUN DATE: 05/27/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/31/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8537	921	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		8599	264	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	132	1723	1790	67
		8931	126	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404904	WESTERN HIGHLAN DS LME	8534	65	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		11	22	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	155	4842	4687
		8654	20	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404910	PATHWAYS	8505	916	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	217	CLIENT NOT ELIGIBLE ON SERVICE DATE	24	1727	4022	2287
		21	128	DUPLICATE OF CLAIM-SYSTEM				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	33	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		3411	8	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	55	1471	1416
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404913	MECKLENBURG COM ENTAL HEALT	8505	10881	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	5057	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	19476	19508	32
		11	1711	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404916	CROSSROADS BEHA VIORAL HEAL	8505	7208	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	458	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	7669	7718	49
		11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404917	CENTERPOINT HUM AN SERVICES	11	371	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	366	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	15	1979	4536	2557
		8599	323	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404919	GUILFORD CO MEN TAL HEALTHC	8505	480	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	85	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	746	903	157
		8800	70	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404920	ALAMANCE CASHEL L AREA MH D	79	433	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8505	236	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	5	1064	4023	2959
		8000	199	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404921	ORANGE PERSON C HATHAM AREA	8505	1824	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5312	292	PRIOR AUTHORIZED DOLLARS EXCEE DED	0	2936	9284	6348
		5404	284	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404922	THE DURHAM CENT ER	8505	7784	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1430	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	29	9759	10260	501
		21	424	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	11	467	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		143	28	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	574	3034	2281
		21	23	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	1637	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	374	CLIENT NOT ELIGIBLE ON SERVICE DATE	36	2550	4630	2080
		21	135	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	21	2131	DUPLICATE OF CLAIM-SYSTEM				
		8536	182	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	74	3628	5646	2018
		8518	171	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404927	CUMBERLAND CO M HC	8505	1464	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	496	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2075	2533	458
		11	66	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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3404930	JOHNSTON COUNTY MNTL HLTHC	8505	634	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	69	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	760	764	4
		8800	51	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404931	WAKE CO HUM SVC BILLING OF	11	115	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	45	DUPLICATE OF CLAIM-SYSTEM	2	264	411	147
		8505	34	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404933	SOUTHEASTERN CT R FOR MH/DD	10	126	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8599	123	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	447	4601	4154
		11	65	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONSLow CARTERET BEHAV HEAL	8534	349	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		11	343	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1246	3169	1923
		8535	227	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	11	50	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	61	626	565
		8000	3	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404937	EDGEcombe NASH MNTL HLTH C	11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8532	12	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED	0	69	552	483
		8518	12	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	76	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		7001	7	EXCEEDS THE ONE PER DAY LIMITA TION	0	102	440	338
		670	7	OTHER DIAGNOSIS CODE 4 IS INVA LID				
3404941	PITT CO MH/DD/S AS CENTER	8505	627	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	53	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	742	1279	537
		11	14	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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3404942	ROANOKE CHOWANN UMAN SERVIC	8599	108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8532	52	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED	0	176	516	340
		8534	14	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404943	ALBERMARLE MENTA L HEALTH CE	11	42	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	41	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	196	1148	952
		191	25	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404944	EASTPOINTE HUMA N SERVICES	8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	10	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	46	2774	2728
		79	8	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	8505	957	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5404	181	SEVERE DUPLICATE: SAME ATTD FR OV/PCODE/TOS/DOS/MOD	0	1788	2602	814
		191	129	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404957	TIDELAND MENTAL HEALTH CTR	8800	75	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8505	44	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	155	191	36
		8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM H/DD/SA PRO	8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8535	3	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	7	11	4